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**\*BIBDATASHEET\***

CONFIRMATION NO. 4761

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/010,140	<b>FILING OR 371(c) DATE</b> 12/06/2001 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 0104-0527PUS1
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/254,987 12/12/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

DENMARK PA 2000 01829 12/06/2000

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 01/07/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> NORWAY	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

02292

**TITLE**

MEDICAL PROSTHETIC DEVICES AND IMPLANTS HAVING IMPROVED BIOCOMPATIBILITY

<b>FILING FEE RECEIVED</b> 1595	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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